IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC Attorney Docket No.: 117048 P.O. Box 19928 Date: September 8, 2003 Alexandria, Virginia 22320 Telephone: (703) 836-6400 Facsimile: (703) 836-2787 MAIL STOP PATENT APPLICATION NONPROVISIONAL APPLICATION TRANSMITTAL Customer Number: 25944 **RULE §1.53(b)** Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application For (Title): **EXHAUST-GAS PURIFYING APPARATUS** Masayasu SATO, Yasuo KATO, Kazuhiro KURODA By (Inventors): \boxtimes Formal drawings (Figs. 1-6; 3 sheets) are attached. Use Figure ____ for front page of Publication.

A Declaration and Power of Attorney is filed herewith. This application claims benefit of Provisional Application No. filed (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This patent application is assigned to <u>CATALER CORPORATION</u>. \boxtimes The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign application No. 2002-335403 filed November 19, 2002 in Japan is claimed (35 U.S.C. §119). A certified copy of the above corresponding foreign application is filed herewith. This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing. \boxtimes The filing fee is calculated below: CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE OTHER THAN A **SMALL ENTITY SMALL ENTITY** FOR: NO. FILED NO. EXTRA **RATE FEE** OR RATE FEE BASIC FEE \$ 375 <u>OR</u> 750 **TOTAL CLAIMS** 10 - 20*0 9 = \$ \$ OR 18 **INDEP CLAIMS** \$ \$ 1 - 3 *0 42 = <u>OR</u> 84

* If the difference is less than zero, enter "0".

☐ MULTIPLE DEPENDENT CLAIMS PRESENTED

+ 140 = \$ OR **TOTAL** \$ <u>OR</u>

\$ 280 **TOTAL** \$ 750

Check No. 145998 in the amount of \$750 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted.

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